



Return to: Kansas Department of Health & Environment
Bureau of Water - Geology Section
1000 S.W. Jackson Street, Suite 420
Topeka, Kansas 66612-1367

KANSAS DEPARTMENT OF HEALTH & ENVIRONMENT

INVENTORY REPORT FOR CLASS V INJECTION WELL(S) RECEIVING HEAT PUMP/AIR CONDITIONING RETURN WATER

(All questions concern the receiving (injection) well except where indicated)

OWNER OF WELL(S):	CONTACT PERSON:
MAILING ADDRESS:	TELEPHONE NO:
LOCATION OF WELL(S) (STREET ADDRESS OR LEGAL DESCRIPTION):	
COUNTY:	
NAME AND ADDRESS OF INDIVIDUAL OR COMPANY THAT CONSTRUCTED THE WELL(S) IF KNOWN:	
TOTAL DEPTH BELOW GROUND SURFACE OF THE WELL(S):	
DIAMETER OF THE WELL(S):	
TYPE OF CASING OR LINING MATERIAL IN THE WELL(S):	
ESTIMATED DEPTH TO GROUNDWATER:	
NUMBER YEARS THE WELL(S) HAS BEEN IN OPERATION:	
LIST ANY CHEMICALS ADDED TO THE SUPPLY WATER:	
TEMPERATURE OF RETURN WATER DURING COOLING CYCLE IF KNOWN:	NF
TEMPERATURE OF RETURN WATER DURING HEATING CYCLE IF KNOWN:	NF
ESTIMATED GALLONS OF WATER PER DAY DIRECTED TO THE WELL(S):	
MANUFACTURER OF GROUNDWATER HEAT PUMP:	
MANUFACTURER OF AIR CONDITIONER:	
DISTANCE AND DIRECTION OF WATER SUPPLY WELL(S) FROM THE RECEIVING WELL(S) IS:	
COMMENTS:	
SIGNATURE:	DATE: